

000FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE
REV. 2/01TCUSTOMER NO. 22,852
ATTORNEY'S DOCKET NUMBER
05725.1484-00000**TRANSMITTAL LETTER TO THE UNITED STATES
DESIGNATED/ELECTED OFFICE (DO/EO/US)
CONCERNING A FILING UNDER 35 U.S.C. 371**U.S. APPLICATION NO.
(Unknown, see 37 CFR 1.5)

10/541840

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| INTERNATIONAL APPLICATION NO. PCT/EP2004/000130 | INTERNATIONAL FILING DATE January 12, 2004 | PRIORITY DATE CLAIMED January 13, 2003 |
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TITLE OF INVENTION**PROCESS OF HEATING A CARRIER ON WHICH OR INSIDE WHICH A COSMETIC PRODUCT IS PLACED****APPLICANT(S) FOR DO/EO/US**

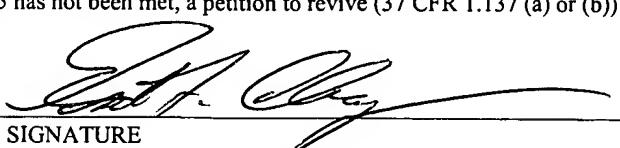
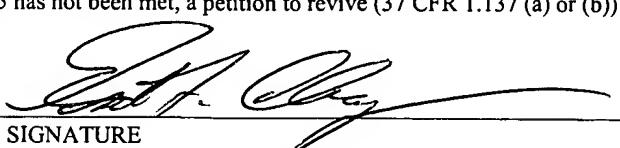
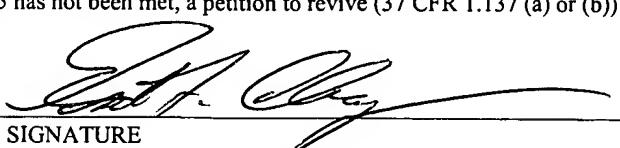
Jean-Louis H. GUERET

Applicant(s) herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. This is a **FIRST** submission of items concerning a filing under 35 U.S.C 371.
2. This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.
4. The US has been elected by the expiration of 19 months from the priority date (Article 31).
5. A copy of the International Application as filed (35 U.S.C. 371 (c)(2)).
 - a. is attached hereto (required only if not communicated by the International Bureau).
 - b. has been communicated by the International Bureau.
 - c. is not required, as the application was filed with the United States Receiving Office (RO/US).
6. An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).
 - a. is attached hereto.
 - b. has been previously submitted under 35 U.S.C. 154 (d)(4).
7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)).
 - a. are attached hereto (required only if not communicated by the International Bureau).
 - b. have been communicated by the International Bureau.
 - c. have not been made; however, the time limit for making such amendments has NOT expired.
 - d. have not been made and will not be made.
8. An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).
9. An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
10. An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

Items 11 to 20 below concern document(s) or information included:

11. Information Disclosure Statement under 37 CFR 1.97 and 1.98
12. An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. A **FIRST** preliminary amendment.
14. A **SECOND** or **SUBSEQUENT** preliminary amendment.
15. A Substitute specification.
16. A change of power of attorney and/or address letter.
17. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.
18. A second copy of the published international application under 35 U.S.C. 154 (d)(4).
19. A second copy of the English language translation of the international application 35 U.S.C. 154 (d)(4).
20. Other items or information:
 - a. Copy of cover page of International Publication No. WO 2004/062424 A1
 - b. Copy of Notification of Missing Requirements.
 - c.

| U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/541840 | | INTERNATIONAL APPLICATION NO. PCT/EP2004/000130 | | ATTORNEY'S DOCKET NUMBER 05725.1484-00000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table> <tr> <td>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</td> <td>\$300.00</td> </tr> <tr> <td>National Stage Search Fee.....</td> <td>\$500.00</td> </tr> <tr> <td>National Stage Examination Fee.....</td> <td>\$200.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">ENTER APPROPRIATE BASIC FEE AMOUNT =</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$1000.00</td> </tr> </table> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <table> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of additional 50 or fraction thereof (rounded up to a whole number)</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>20 - 100 =</td> <td>/50=</td> <td></td> <td>x 250.00</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</p> <table> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>18</td> <td>- 20 =</td> <td>x \$50.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-3 =</td> <td>x \$200.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+\$360.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF THE ABOVE CALCULATIONS =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1560.00</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1560.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1560.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property. +</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1560.00</td> </tr> <tr> <td colspan="4"></td> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td>charged:</td> <td>\$</td> </tr> <tr> <td>a. <input checked="" type="checkbox"/></td> <td colspan="5">A check in the amount of \$ <u>1560.00</u> to cover the above fees is enclosed.</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td colspan="5">Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</td> </tr> <tr> <td>c. <input checked="" type="checkbox"/></td> <td colspan="5">The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0916</u>. A duplicate copy of this sheet is enclosed.</td> </tr> <tr> <td>d. <input type="checkbox"/></td> <td colspan="5">Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</td> </tr> <tr> <td colspan="6">NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</td> </tr> <tr> <td colspan="6">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="6">Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P. 901 New York Avenue, NW Washington, D.C. 20001-4413</td> </tr> <tr> <td colspan="6">  SIGNATURE Ernest F. Chapman/Reg. No. 25,961 NAME/REGISTRATION NO. </td> </tr> <tr> <td colspan="6">DATED: July 12, 2005</td> </tr> </tbody></table> | | | | | | BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): | \$300.00 | National Stage Search Fee..... | \$500.00 | National Stage Examination Fee..... | \$200.00 | ENTER APPROPRIATE BASIC FEE AMOUNT = | | \$1000.00 | | Total Sheets | Extra Sheets | Number of additional 50 or fraction thereof (rounded up to a whole number) | Rate | 20 - 100 = | /50= | | x 250.00 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims | 18 | - 20 = | x \$50.00 | Independent Claims | 4 | -3 = | x \$200.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | +\$360.00 | TOTAL OF THE ABOVE CALCULATIONS = | | | | \$1560.00 | | | | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½. | | | | SUBTOTAL = | | | | \$1560.00 | | | | Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30 | | | | TOTAL NATIONAL FEE = | | | | \$1560.00 | | | | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property. + | | | | TOTAL FEES ENCLOSED = | | | | \$1560.00 | | | | | | | | Amount to be refunded: | \$ | | | | | charged: | \$ | a. <input checked="" type="checkbox"/> | A check in the amount of \$ <u>1560.00</u> to cover the above fees is enclosed. | | | | | b. <input type="checkbox"/> | Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. 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| National Stage Search Fee..... | \$500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Stage Examination Fee..... | \$200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTER APPROPRIATE BASIC FEE AMOUNT = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Number of additional 50 or fraction thereof (rounded up to a whole number) | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 - 100 = | /50= | | x 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 18 | - 20 = | x \$50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 4 | -3 = | x \$200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | +\$360.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF THE ABOVE CALCULATIONS = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1560.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL FEES ENCLOSED = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1560.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Amount to be refunded: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | charged: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. <input checked="" type="checkbox"/> | A check in the amount of \$ <u>1560.00</u> to cover the above fees is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. <input type="checkbox"/> | Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0916</u> . A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. <input type="checkbox"/> | Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P. 901 New York Avenue, NW Washington, D.C. 20001-4413 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  SIGNATURE Ernest F. Chapman/Reg. No. 25,961 NAME/REGISTRATION NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATED: July 12, 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |